Arizona Foundation for Medical Care
Provider Nomination Form

Benefit Options
Choice. Value. Health.

Arizona Foundation for Medical Care®
Simplify...Comprehensive Healthcare Made Easy.

If your provider is not already participating with the Arizona Foundation for Medical Care, and you would like us to contact your provider's office to see if they will join our network, please complete the information below.

If you prefer, you may fill out this form electronically on the AFMC Web site: www.azfmc.com. From the home page, click on the "Member" link. The provider nomination form is located under the Member link, fourth sub-link down (from the top) called "Provider Nomination."

Note: The form must be filled out completely in order for us to start the provider nomination process.

Tell us about your provider – Please Print:

First Name: _____

Last Name: _____

Degree: _____

Specialty: _____

Practice Name: _____

Practice Phone: _____

Practice Address: _____

Street: _____

City: _____

State: _____

Zip: _____

Tell us about yourself – Please Print:

Your Name: _____

Your Phone: _____

Your E-mail: _____